

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023595

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

65

Primary Registration District No.

5250

Registrar's No.

26

STATE-FILE NUMBER

FILED JUN 25 1963

1. PLACE OF DEATH

a. COUNTY

CHARITON

b. CITY (if outside corporate limits, give TOWNSHIP only)

BRUNSWICK

Length of stay in 1b

54 YRS

c. FULL NAME OF (if NOT in hospital, give location)

ROUTE 1

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

CHARITON

c. CITY

BRUNSWICK

OR TOWN

BRUNSWICK

d. STREET ADDRESS

ROUTE 1

(If outside, give location)

ROUTE 1

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

WILLIAM

First

Middle

Last

ROBERT GOTTSCHALK

4. DATE OF DEATH

JUNE 21 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12-11-1886

9. AGE (last birthday)

76

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER, RETIRED

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

DALTON, MISSOURI

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

HENRY GOTTSCHALK

13b. MOTHER'S MAIDEN NAME

CAROLINE JOHANNING

14. NAME OF HUSBAND OR WIFE

RHODA GOTTSCHALK

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs. Billie Grover, Brunswick Mo

18. CAUSE OF DEATH (Enter only one cause, per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

UNKNOWN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

BRUNSWICK

COUNTY

See reverse side

STATE

D.O.A.

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw him alive on \_\_\_\_\_, on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Grover @ Rice MD

(Degree or title)

22b. ADDRESS

Branswick

22c. DATE SIGNED

June 22-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JUNE 23 1963

23c. NAME OF CEMETERY OR CREMATORY

CITY CEMETERY

23d. LOCATION (City, town, or county)

BRUNSWICK MISSOURI

24. FUNERAL DIRECTOR

HEISEL & KOCH, BRUNSWICK, Mo

25. DATE RECD. BY LOCAL REG.

June 22-1963

26. REGISTRAR'S SIGNATURE

Howie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

VS 300  
Rev. 4/59

1 0210

2 0210

3

4 0

5 1

6

7 0

8 0

9 7955

10

11

12 90-0

13 2-0

Deceased was dead on arrival at his home  
in Brunswick Mo. and death evidently was from  
natural causes.

Respy.  
Grouver C. Rice M.D.

NOV 9 1961

#### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William R. Koch

Licensed Embalmer No. 4751

P. O. Address Brunswick, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.